## WASHINGTON STATE DEPARTMENT OF HEALTH VARICELLA VACCINE ORDER FORM



Phone: (360) 236-3481

Fax: (360) 236-3597 (NEW FAX #)

LHJ				DATE			
PIN NUMBER	FACILITY NAME	CHANGES (IF ANY) (Delivery times, address, hours of operation, temp, closure, ect.)	Doses Ordered MULTIPLE OF 10				
		(Delivery times, address, hours of operation, temp, closure, ect.)	WIGETH EE OF 10				
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